



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E425474**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-01249		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	02	OBJECT STRUCK	ROCK BANK OR LEDGE

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	CITY #
DATE OF COLLISION	05	18	2015	1527	31						S	W	OF	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
CEDAR RD	BLOCK NO. <input checked="" type="checkbox"/>	2529
	MILE POST <input type="checkbox"/>	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253976522
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LAST NAME	CONNOLLY	FIRST NAME	RICHARD	MIDDLE INITIAL	J
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STREET NEW ADDRESS	128 85 AVE SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	CONNORJ445MM	STATE	WA	SEX	M	D.O.B. MMDDYYYY	07	14	1956
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	ABZ6228	STATE	WA	VIN#	1GNEL19X33B137128
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2003	MAKE	CHEV	MODEL	ASTRO	STYLE	VN	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	R+R STAR TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERICAN COMMERCE INS CO ACPA-000056523
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253084420
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LAST NAME	J.S.D. CAPITAL	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	PO BOX 848
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B. MMDDYYYY			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG		RESTR.		EJECT		HELMET USE	INJURY CLASS		NATURE OF INJURIES
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	ROBERT MINER	BADGE OR ID #	095	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E425474**

CASE # **15-01249**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Unit #1 was southbound on Cedar RD in the 2500 block. Driver of Unit #1 turned his attention from the road to the passenger seat as he reached over to grab an item. While doing so, Unit #1 crossed over the center line and into the lawn of 2529 Cedar Rd. The property is line with large boulders, and Unit #1 impacted with them. The boulders stopped the forward movement of Unit #1. There were no injuries. Unit #1 was towed by R+R Star Towing at the request of driver of Unit #1's AAA.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

05-18-15 04:58 PM

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 095

5/18/2015 4:58:41 PM

BADGE OR ID #

095

ORI #

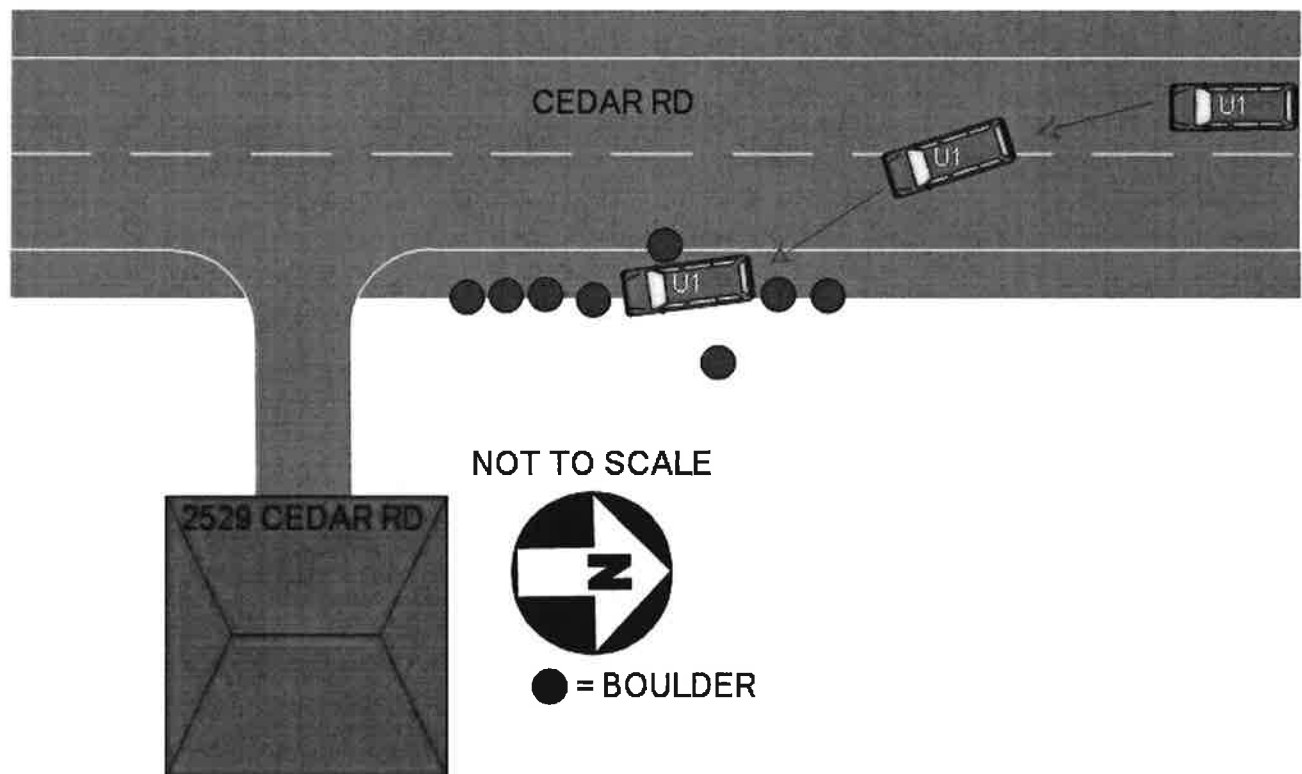
WA0311900

TIME POLICE DISPATCHED

3:27 PM

TIME POLICE ARRIVED

3:29 PM







PS-1249

15-1249



LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number <i>K. Miner 95</i>	Case Number <i>15-1249</i>
Type of Crime: Felony / Misdemeanor (Circle)	Type of Case: <i>Collision</i>	Date/Time: <i>5/16/15 16:15</i>

Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING

*Evi will be held until court dispo or when the Statute of Limitations has expired
*Found and Sfgk will be held for 60 days or 60 days past owner notification

Case #	Item # <i>pm1</i>	Item <i>CD</i>	Brand Name <i>Compucessary</i>	Storage Location	Disposition	
	Action # <i>3</i>	Brand/Model/Caliber <i>Scnr Phabs</i>				
		Serial #	Where Found			Weight of Narcotic
	Owner's Name Address City State Zip Phone # Barcode goes here					
	Owner Signature/Other remarks /additional information/ special instructions					
	Item #	Item	Brand Name	Storage Location	Disposition	
	Action #	Brand/Model/Caliber (Further Description)				
		Serial #	Where Found			Weight of Narcotic
Owner's Name Address City State Zip Phone # Barcode goes here						
Owner Signature/Other remarks /additional information/ special instructions						
Item #	Item	Brand Name	Storage Location	Disposition		
Action #	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found			Weight of Narcotic	
Owner's Name Address City State Zip Phone # Barcode goes here						
Owner Signature/Other remarks /additional information/ special instructions						
Item #	Item	Brand Name	Storage Location	Disposition		
Action #	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found			Weight of Narcotic	
Owner's Name Address City State Zip Phone # Barcode goes here						
Owner Signature/Other remarks /additional information/ special instructions						
Item #	Item	Brand Name	Storage Location	Disposition		
Action #	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found			Weight of Narcotic	
Owner's Name Address City State Zip Phone # Barcode goes here						
Owner Signature/Other remarks /additional information/ special instructions						

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS15009534 Xref: #AG15001407

Case Numbers: \$SS15001249

Entered 05/18/15 15:27:02 BY SPDF25 SP0325
Dispatched 05/18/15 15:27:43 BY SPDP17 SP0339
Enroute 05/18/15 15:27:43
Onscene 05/18/15 15:29:37
Closed 05/18/15 16:02:24

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1619 Map Page: 377G-5 Group: SS1 Beat: NORT

Src: T

Loc: 2529 CEDAR RD , LKS btwn 24 ST NE & 30 ST NE (V)

Loc Info:

Name: DANNELLE

Addr:

Phone: 4259714872

/1527 (SP0325) ENTRY , VEH VS LARGE ROCKS, UNK INJ
/1527 CROSS #AG15001407
/1527 (SP0339) AGCADV , BCST
/1527 (SP0325) SUPP TXT: BRO VAN, OLDER MALE DRIVER LOOKS DAZED/CONF
USED, LEAKING GAS/OIL
/1527 (SP0339) DISPER 19S13 #SS95 MINER, SGT (ROBERT)
/1528 (SP0325) SUPP NAM: DANNELLE,
PHO: 4259714872
/1529 (SP0339) ONSCNE 19S13
/1530 SUPP TXT: PD OS ADV NON INJ, AID CAN CANCEL
/1533 (*****) REMINQ 19S13 ABZ6228
/1533 (SP0339) REMINQ 19S13 LIC, 19S13, ABZ6228, , ,
/1534 CHANGE LOC: 2532 CEDAR RD , LKS --> 2529 CEDAR RD , LKS
/1534 (SS95) *ASNCAS 19S13 \$SS15001249
/1534 (*****) REMINQ 19S13 CONNOLLY, RICHARD. J. 07141956. .
/1534 (SP0339) REMINQ 19S13 NAME, 19S13, CONNOLLY, RICHARD, J, 07141956, ,
/1602 CLEAR 19S13 D/H
, AAA OS
/1602 CLOSE 19S13